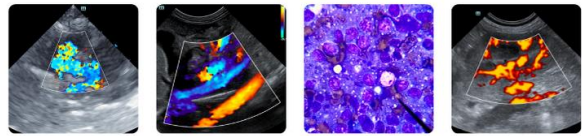




PATIENT	PRESENTING CLINICAL SIGNS
Lottie Hulett	Clinical Exam Findings: Vomiting food/water about once per week since more severe GI episode 11/17/25 Variable appetite (decreased after vomiting, then returns to normal) Slightly tense for abdo palp today, no pain response or abnormal structures palpated Rest of exam WNL ABNORMAL
SPECIES	Labwork Values Will send bloodwork from 11/17 Current Medications None Radiographic Findings
Canine	Could not rule out GI FB - 11/17 Will send rads
BREED	
Australian Shepherd	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FI	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
AGE	
1 yrs	The uterus and bilateral ovaries were free of pathology.
WEIGHT	A visualized medial iliac lymph node was sonographically normal without inflammatory or neoplastic criteria.
57 lbs.	
INTERPRETED BY	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.2 cm in length. The right kidney measured 6.0 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole.
Sara Hansen	Spleen
HOSPITAL NAME	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
South Willamette VC	Liver/ Gallbladder
REFERRING VET	
Dr. Olson	
INVOICE	
10487	
DATE	
12/18/25	



PATIENT	normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Lottie Hulett	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor nonshadowing pyloric chyme. There was no obvious obstruction to pyloric outflow. The pylorus wall width measured 0.48 cm in width.
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was generalized empty to the level of the colon. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.38 cm width.
Australian Shepherd	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
FI	
AGE	<i>Pancreas</i>
1 yrs	The area of the pancreas was sonographically normal.
WEIGHT	<i>Free Abdomen</i>
57 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none">• Sonographically unremarkable gastrointestinal tract with minor nonshadowing pyloric chyme• Normal area of pancreas
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Sara Hansen	There is no sonographic evidence of gastrointestinal mural pathology or active pancreatitis. Underlying gastrointestinal disease and low-grade pancreatitis at times may present as sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease is suggested. There is no evidence of gastrointestinal foreign body or mechanical obstruction. A hydrolyzed diet trial, as-needed gastroprotectants, high colony count probiotic, +/- cobalamin supplementation if evidence of diarrhea, and empirical deworming may prove beneficial.
HOSPITAL NAME	
South Willamette VC	
REFERRING VET	
Dr. Olson	
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DATE	
12/18/25	



PATIENT

Lottie Hulett

SPECIES

Canine

BREED

Australian Shepherd

SEX

FI

AGE

1 yrs

WEIGHT

57 lbs.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette
 VC

REFERRING VET

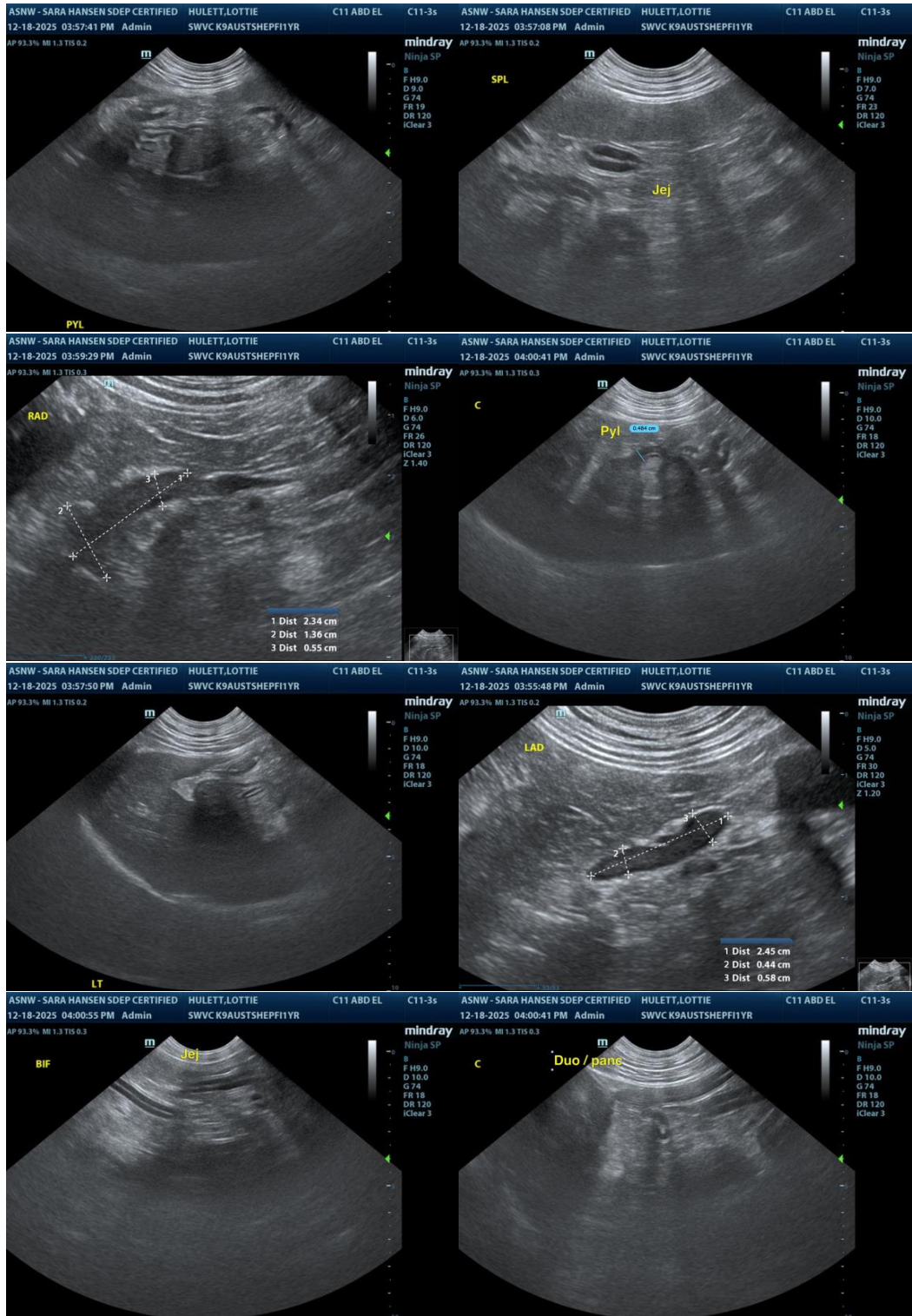
Dr. Olson

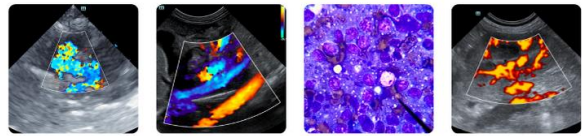
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12/18/25





PATIENT

Lottie Hulett

SPECIES

Canine

BREED

Australian Shepherd

SEX

FI

AGE

1 yrs

WEIGHT

57 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette
VC

REFERRING VET

Dr. Olson

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DATE

12/18/25

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com